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U.S.PTO

## UTILITY PATENT APPLICATION TRANSMITTAL

(for nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

RNOT.104612

Express Mail No.

EV 369937404 US

**TO:** Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Inventor(s): Jason Mittelstaedt and Erich Hannan

Title: Method and System for Sending Bulk Electronic  
Messages

PLEASE ASSOCIATE APPLICATION WITH

**CUSTOMER NO. 05251**19270 U.S.PTO  
10/748009123003  
1723

Enclosed are:

<input type="checkbox"/>	Non-Publication Request Under 35 U.S.C. § 122(b)(2)(B)(i)			
16	pages of specification including abstract			
7	sheet(s) of drawings			
<input type="checkbox"/>	an assignment of the invention to:			
<input type="checkbox"/>	Declaration of Inventor(s):	<input type="checkbox"/>	Newly executed	<input type="checkbox"/> Copied from a prior application (for contin/div)
<input type="checkbox"/>	Incorporation by Reference: the entire disclosure of the prior application, from which the copy or copies of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.			
<input type="checkbox"/>	small entity status is claimed.			
<input type="checkbox"/>	small entity status was requested in prior application; status still proper and desired.			
<input type="checkbox"/>	Information Disclosure Statement/PTO-1449/Copies of IDS citations.			
<input type="checkbox"/>	Benefit is claimed under 35 U.S.C. 119(e) of U.S. Provisional Application No.			
<input type="checkbox"/>	Other:			

If a Continuing Application: Check appropriate box, and supply the requisite information below:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-Part (CIP)	of prior application no.
Prior application information:		Examiner:	Group Art Unit:

## CLAIMS AS FILED

	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE			\$ 770	\$ 770
TOTAL CLAIMS	20 - 20 =	0	X \$ 18	\$ 0
INDEPENDENT CLAIMS	3 - 3 =	0	X \$ 86	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENT			\$ 290	\$
* Number extra must be zero or larger			TOTAL	\$ 770

If applicant has small entity status under 37 CFR 1.9 and  
1.27, then divide total fee by 2, and enter amount here.

<input type="checkbox"/> Assignment recordal fee			\$
		TOTAL DUE	\$ 770.00

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> A check in the amount of \$ 770.00 to cover the filing fee is enclosed.   |  |
| <input checked="" type="checkbox"/> Commissioner is hereby authorized to charge/credit Deposit Acct. No. 19-2112 as described below. Enclosed is a duplicate of this sheet. |  |
| <input type="checkbox"/> Charge the amount of \$ as filing fee.   |  |
| <input checked="" type="checkbox"/> Credit any overpayment.   |  |
| <input checked="" type="checkbox"/> Charge any additional filing fees required under 37 CFR 1.16 and 1.17.  |  |

Signature

Date

Name: William B. Kircher, Reg. No.: 22,481